

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	<u>10/589,067</u>
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Title::	TREATMENT OF DEMYELINATING AUTOIMMUNE DISEASE WITH MODIFIED ORDERED PEPTIDES
Attorney Docket Number::	021686-000910US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	6
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Licensed US Govt. Agency::	<u>National Institutes of Health</u>
Contract or Grant Numbers One::	<u>Grant No. ROI NS 18235</u>
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Hideki
Family Name::	Garren
City of Residence::	Palo Alto
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	<u>571 Georgia Avenue</u>
City of Mailing Address::	Palo Alto

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stephanie  
Family Name:: Broome  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1239 Hopkins Avenue  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94301

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/032598	10/01/04
PCT/US04/032598	An Appn claiming	60/508,350	10/03/03
	benefit under 35 USC		
	119(e) of		

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

**Assignee Information**

Assignee Name:: Bayhill Therapeutics, Inc.  
Street of mailing address:: 3400 West Bayshore Rd.  
City of mailing address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94303